FUTTERMAN & DUPREE LLP
MARTIN H. DODD (104363)
JAMIE L. DUPREE (158105)
160 Sansome Street, 17th Floor
San Francisco, California 94104
Telephone: (415) 399-3840
Facsimile: (415) 399-3838
martin@dfdlaw.com

*Attorneys for Receiver*
J. Clark Kelso

**UNITED STATES DISTRICT COURT**

**NORTHERN DISTRICT OF CALIFORNIA**

MARCIANO PLATA, et al.,

*Plaintiffs*,

v.

ARNOLD SCHWARZENEGGER, et al.,

*Defendants*.

Case No. C01-1351 TEH

**DECLARATION OF TERRY HILL, M.D. IN SUPPORT OF RECEIVER'S SUPPLEMENTAL APPLICATION NO. 8 FOR ORDER WAIVING STATE CONTRACTING STATUTES, REGULATIONS AND PROCEDURES**

I, Terry Hill, declare as follows:

1. I am currently the Chief Executive Officer, Medical Services, for the California Prison Health Care Receivership and make this declaration in support of the Receiver's Supplemental Application No. 8 for a Waiver of State Contracting Procedures. The facts set forth herein are based on my own personal knowledge and, if called as a witness, I could competently testify thereto.

2. I received my B.A. in Literature from Reed College in 1974 and an M.D. from the University of California, San Francisco in 1987. From 1987 to 1991, I was first a Resident in Primary Care Internal Medicine and then Chief Resident in Internal Medicine at Highland General Hospital in Oakland, California. From 1991 to 1993, I was a Fellow in Geriatrics at Stanford University and the Palo Alto Veterans Administration Medical Facility. I was a National Institute of Health Postdoctoral Research Fellow at Stanford University from 1993 to 1994. From 1994 to 2000, I was on the medical school clinical faculty at Stanford University, and since 2000, I have been an Assistant Clinical Professor in the Department of Medicine at the University of California, San Francisco. I also serve on the Advisory Boards of the Northern California Geriatric Education Center and the California Geriatric Education Center and the Board of the California Institute for Health Systems Performance. In addition to my academic affiliations discussed above, I was in private practice as a geriatrician from 1994 to 1999.

3. I have also served as the Medical Director of a hospitalist physician group at Summit Medical Center in Oakland California, the Medical Director of Laguna Honda Hospital and Rehabilitation Center in San Francisco, as well as the Senior Medical Director for Quality Improvement at Lumetra.

4. More recently, I served this Court as a Medical Expert in both *Madrid v. Schwarzenegger* and in this action. Since 2006, I have been employed by the Receiver, first as his Chief Medical Officer, and now has Chief Executive Officer, Medical Services. I have served in various capacities with numerous community and professional organizations pertaining

to medical care, and have spoken at many conferences and authored articles on various issues in health care and the improvement of the delivery of health care services.

5. As the Court and parties are aware, the Receiver is undertaking quality improvement programs within the state prisons. On January 25, 2008, the Court granted in part the Receiver's application for a waiver of State contracting procedure to permit the Receiver to retain consultants to assist in the first quality improvement and Access- to-Care Initiative, focusing on asthma. The Receiver retained Health Management Associates (HMA) to assist in the development of this first Access-to-Care pilot program. The Access-to-Care Initiative as a whole goes to the heart of the Receiver's mission to provide *timely access to safe, effective and efficient medical care.* The Receiver's short-term measures and long-term projects have already produced dramatic decreases in mortality. The Access-to-Care Initiative goes beyond those interventions to improve the day-to-day medical care provided to patients by creating standardized, measurable, and reliable access-to-care processes that will be sustainable after the system is returned to the State.

6. The Receiver's Chronic Care team has been playing the leading role within the Access-to-Care Initiative. It is charged with implementing patient-centered care in every prison, replacing a system of care based on episodic complaints with a coordinated and integrated care model based on long-term compassionate relationships between patients and their clinicians. This team bears responsibility for teaching rapid-cycle quality improvement and process redesign in all the prisons. The Access-to-Care Initiative as a whole depends upon the development by front-line clinicians of reliable processes that will be standardized throughout the prison system in order to reduce waste and to prevent unnecessary suffering and deaths.

7. The vehicle for chronic care redesign has been the industry-standard "learning collaborative," which has brought together teams from six pilot prisons to share their ideas and experience. Just as patients learn and change more effectively using the peer education model, organizations learn and change better using a peer-driven model rather

than a top-down approach. In November 2008 the six pilot sites completed the last of four "collaborative learning sessions." Their performance in implementing the chronic care model and in taking advantage of the collaborative approach far exceeded expectations.

8. Focusing on asthma as the first chronic disease, by November the six pilot sites had identified all of the asthmatics in their respective pilot clinics. The clinicians caring for them had learned state-of-the-art asthma treatment and planned care. These patients have had pulmonary function tests, classification of their asthma severity, evaluation for appropriate medication, instruction with verification on how to use various asthma inhalers properly, and education in the nature of asthma and how to control symptoms so as to live nearly normal lives without the burden of wheezing and air hunger. They now have contingency plans in case of sudden worsening, as well as overall self-management strategies that have been proven to reduce emergency room visits, avoidable hospitalizations, and unexpected deaths.

9. We have already received favorable reviews from many of these patients, who have made statements such as "I never thought I could feel normal with asthma," and "I didn't really know how to use my inhalers." The change in asthma care has begun to spread by word of mouth among patients. Of equal importance, there has been a change in the attitude of the healthcare staff, many of whom are voicing newfound empowerment and recommitment to their original motivations as healthcare professionals. Many of them are seeing for the first time the power of teamwork to improve the quality of patient care.

10. The teams from these six pilot facilities have begun to develop the knowledge, skills, and strategies that will enable them to redesign care for patients with any chronic disease, including:

- A new organizational framework of team-based, patient-centered coordinated care with unambiguous responsibility for individual patient outcomes;
- Proven methods for continuously improving the processes of care;
- Evidence-based standards of chronic disease care;

- A new and powerful information system support tool, the chronic disease patient registry; and,
- The ability to identify the sickest and most complicated of the chronically ill patients who need focused case management.

11. The Chronic Care team did all this in record time by industry standards. The classic learning collaborative unfolds over the course of a year, whereas this collaborative took five months. These astonishing accomplishments would have been impossible without the expertise and continuous involvement of HMA. HMA has provided us with essential expertise in system redesign, continuous quality improvement strategies, and a core curriculum in state of the art asthma care. The patient registry that has just been developed will be the source of on-going, real-time quality measures. HMA has also helped us develop a chronic care change package based on the experience in the first six pilot sites with newly tested procedures, forms, rules of care, and strategies that will enable dissemination throughout the state.

12. Our current plan is that, beginning in January 2009, the Chronic Care team and leaders from the six pilot sites will work with HMA to disseminate the chronic disease model and to create the local improvement teams at the remaining 27 prisons, specifically with respect to asthma.

13. Assuming that the Court approves the current waiver application, also beginning in January, the six pilot sites will add two additional chronic diseases, diabetes mellitus and hepatitis C, to their programs. We have chosen these two diseases because of their high prevalence in our patient population, because they have serious potential to cause suffering and death, and because there are known standards which should guide care. As with asthma, the experience of these six pilot sites will serve as the basis for the change packages and strategies to be used for dissemination to the remaining 27 prisons later in 2009. Based on the work by the six pilot site teams, we have also decided to merge the Access-to-Care Sick Call team with the Chronic Care team. Both teams have already

begun to integrate their efforts with the Reception Center team, given the importance of identifying and assessing chronic illness on entry into the system.

14. The speed and scope of our proposed 2009 initiatives exceed industry standards even among the highest-performing and most richly-endowed healthcare delivery systems. We will be engaging all 33 prisons well before establishing new leadership via the new RCEA structure. Nevertheless, the pilot project has shown that many of our staff are hungry for these new approaches to care and will take responsibility for ensuring that they succeed. By the end of 2009, all prisons will have trained local leadership in chronic care, and all will have implemented the patient-centered, team-based chronic care model appropriate for managing any chronic illness using evidence-based, standardized processes and measurements.

15. In view of the importance of HMA to the success of the Access-to-Care Initiative to date, we believe that continued progress at the pace anticipated requires continued HMA expertise and leadership. The January 28, 2008 Order and HMA's contract were focused on asthma. As a result, the addition of diabetes and hepatitis C to the Access-to-Care Initiative program will require modifications to and extensions of HMA's contract. Thus, we are submitting this application to the extent that such modifications and extensions may require further or additional waivers of State contracting law and procedure.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: January 8, 2009

/s/
Terry Hill, M.D.

I hereby attest that I have on file all holograph signatures for any signatures indicated by a "conformed" signature (/s/) within this efiled document.

/s/
Martin H. Dodd
Attorneys for Receiver J. Clark Kelso

## CERTIFICATE OF SERVICE

The undersigned hereby certifies as follows:

I am an employee of the law firm of Futterman & Dupree LLP, 160 Sansome Street, 17th Floor, San Francisco, CA 94104. I am over the age of 18 and not a party to the within action.

I am readily familiar with the business practice of Futterman & Dupree, LLP for the collection and processing of correspondence.

On January 9, 2009, I served a copy of the following document(s):

**DECLARATION OF TERRY HILL, M.D. IN SUPPORT OF RECEIVER'S SUPPLEMENTAL APPLICATION NO. 8 FOR ORDER WAIVING STATE CONTRACTING STATUTES, REGULATIONS AND PROCEDURES**

by placing true copies thereof enclosed in sealed envelopes, for collection and service pursuant to the ordinary business practice of this office in the manner and/or manners described below to each of the parties herein and addressed as follows:

___ BY FACSIMILE: I caused said document(s) to be transmitted to the telephone number(s) of the addressee(s) designated.

_X_ BY MAIL: I caused such envelope(s) to be deposited in the mail at my business address, addressed to the addressee(s) designated below. I am readily familiar with Futterman & Dupree's practice for collection and processing of correspondence and pleadings for mailing. It is deposited with the United States Postal Service on that same day in the ordinary course of business.

Andrea Lynn Hoch
Benjamin T. Rice
Legal Affairs Secretary
Office of the Governor
Capitol Building
Sacramento, CA 95814

Robin Dezember, Director (A)
Division of Correctional
Health Care Services
CDCR
P.O. Box 942883
Sacramento, CA 94283-0001

Molly Arnold
Chief Counsel, Dept. of Finance
State Capitol, Room 1145
Sacramento, CA 95814

Matthew J. Lopes
Pannone, Lopes & Devereaux, LLC
317 Iron Horse Way, Suite 301
Providence, RI 02908

Warren C. (Curt) Stracener
Paul M. Starkey
Dana Brown
Labor Relations Counsel
Depart. of Personnel Admin. Legal Division
1515 "S" St., North Building, Ste. 400
Sacramento, CA 95814-7243

Donald Currier
Alberto Roldan
Bruce Slavin
Legal Counsel
CDCR, Legal Division
P.O. Box 942883
Sacramento, CA 94283-0001

Laurie Giberson
Staff Counsel
Department of General Services
707 Third St., 7th Fl., Ste. 7-330
West Sacramento, CA 95605

David Shaw
Inspector General
Office of the Inspector General
P.O. Box 348780
Sacramento, CA 95834-8780

Donna Neville
Senior Staff Counsel
Bureau of State Audits
555 Capitol Mall, Suite 300
Sacramento, CA 95814

Peter Mixon
Chief Counsel
California Public Employees Retirement System
400 Q Street, Lincoln Plaza
Sacramento, CA 95814

Al Groh
Executive Director
UAPD
180 Grand Ave., Ste. 1380
Oakland, CA 94612

Yvonne Walker
Vice President for Bargaining
SEIU Local 1000
1108 "O" Street
Sacramento, CA 95814

Pam Manwiller
Director of State Programs
AFSME
555 Capitol Mall, Suite 1225
Sacramento, CA 95814

Richard Tatum
CSSO State President
CSSO
1461 Ullrey Avenue
Escalon, CA 95320

Tim Behrens
President
Association of California State Supervisors
1108 "O" Street
Sacramento, CA 95814

Elise Rose
Counsel
State Personnel Board
801 Capitol Mall
Sacramento, CA 95814

Professor Jay D. Shulman, DMD, MA, MSPH
9647 Hilldale Drive
Dallas, TX 75231

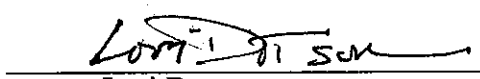
Joseph D. Scalzo, DDS, CCHP
3785 N. 156th Lane
Goodyear, AZ 85395

Stuart Drown
Executive Director
Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814

John Chiang
Richard J. Chivaro
State Controller
300 Capitol Mall, Suite 518
Sacramento, CA 95814

I declare that I am employed in the offices of a member of the State Bar of this Court at whose direction the service was made. I declare under penalty of perjury, under the laws of the united State of America, that the above is true and correct.

Executed on January 9, 2009 at San Francisco, California.



Lori Dotson